

Affix attachments listed in Section 8 HERE  
 NB: Applications without correct documentation attached will be returned.

# Student Membership Upgrade Form 2010/11



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**Please print clearly. Optional details are marked with an asterisk.**

## SECTION 1 : PERSONAL DETAILS (NB: This information will be included in the MNZ Website database but WILL NOT be viewable or accessible by the public)

**First Name:** ..... **Last Name:** .....  
**Ph (home):** ..... **Residential Address:** .....  
**Mobile:** ..... **Street and No:** .....  
**Fax:** ..... **Suburb / RD** .....  
**Email:** ..... **City:** .....  
**Male** € **Female** € **Postcode:** .....  
**Ethnicity:** NZ European/Pakaha € Maori € Pacifica € Asian € European € Other .....

## SECTION 2 : CLINIC DETAILS (NB: This information WILL be included in the MNZ Website (RMT and CMT members only) and WILL be viewable by the public)

**\*Clinic Name:** ..... **\*Work Phone:** .....  
**\*Clinic Address:** ..... **\*WorkFax:** .....  
**Suburb / RD** ..... **\*Mobile:** .....  
**City:** ..... **\* Postcode:** ..... **\* Your Website:** .....  
**\*Email:** .....

## SECTION 3 : PRACTICE DETAILS

**Please tick services you deliver in your workplace:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Acupressure                        | <input type="checkbox"/> Hakomi                      | <input type="checkbox"/> Polarity Therapies    |
| <input type="checkbox"/> Aromatherapy Massage               | <input type="checkbox"/> Hot Stone Massage           | <input type="checkbox"/> Pregnancy Massage     |
| <input type="checkbox"/> Bowen Therapy                      | <input type="checkbox"/> Indian Head Massage         | <input type="checkbox"/> Quantum Touch         |
| <input type="checkbox"/> Craniosacral Therapy               | <input type="checkbox"/> Infant Massage              | <input type="checkbox"/> Swedish Massage       |
| <input type="checkbox"/> Cupping                            | <input type="checkbox"/> Kinesiology                 | <input type="checkbox"/> Shiatsu Massage       |
| <input type="checkbox"/> De Mousgraffe Method of Healing    | <input type="checkbox"/> Manual Lymph Drainage       | <input type="checkbox"/> Soft Tissue Therapy   |
| <input type="checkbox"/> Dorn Therapy                       | <input type="checkbox"/> Muscle Energy Techniques    | <input type="checkbox"/> Sports Massage        |
| <input type="checkbox"/> Energy Systems Massage             | <input type="checkbox"/> Myofascial Release (MFR)    | <input type="checkbox"/> Therapeutic Massage   |
| <input type="checkbox"/> Fascial Kinetics (a Bowen Therapy) | <input type="checkbox"/> Neuromuscular Therapy (NMT) | <input type="checkbox"/> Reiki                 |
| <input type="checkbox"/> Foot Reflexology                   | <input type="checkbox"/> On-site Chair Massage       | <input type="checkbox"/> Remedial Massage      |
| <input type="checkbox"/> Gerontology                        | <input type="checkbox"/> Ortho-bionomy               | <input type="checkbox"/> Trigger Point Therapy |

Other modalities .....  
 Qualifications (50 words max) .....  
 .....  
 Experience (50 words max) .....  
 .....

**SECTION 4 : MESSAGE EDUCATION (Students and Affiliates go to Section 5)**

Highest Massage Qualification: .....

Trained at: .....

Date Qualification received: ..... First Aid Certificate Expiry Date: .....

**SECTION 5 : MEMBERSHIP LEVEL - ✓ the Membership level you are applying for:**

RMT (Remedial Massage Therapist)

CMT (Certified Massage Therapist)

**SECTION 6 : REQUIRED DOCUMENTATION**

The documentation listed below must be enclosed with your Application to upgrade your Membership of MNZ.

Applications received without the correct documentation attached will be returned for resubmission.

- ◇ Copy of approved Degree, Massage Diploma or Certificate qualification.
- ◇ Copy of current First Aid Certificate.